

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 29

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. DR. MICHAEL JESSEN**

Mailing Address 5323 HARRY HINES BOULEVARD

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| DALLAS | TX    | 75390    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UT SOUTHWESTERN MEDICAL CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  | / | 26  | / | 2016    |

Transaction ID : SA11AI.6758

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. DR. KIRK B. KANTER**

Mailing Address 2370 BRIARCLIFF COMMONS

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| ATLANTA | GA    | 30345    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EMORY UNIVERSITY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  | / | 25  | / | 2016    |

Transaction ID : SA11AI.6721

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. DR. NICHOLAS T. KOUCHOUKOS**

Mailing Address 25 PICARDY LANE

|           |       |          |
|-----------|-------|----------|
| City      | State | Zip Code |
| ST. LOUIS | MO    | 63124    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CT&amp;V SURGERY

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  | / | 25  | / | 2016    |

Transaction ID : SA11AI.6722

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►